St. Bartholomew's Hospital Journal.

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St. Bartholomew's Hospital Journal,

MAY 1st, 1905.

"Æquam memento rebus in arduis
Servare mentem."—*Horace*, Book ii, Ode iii.

Calendar.

Mon., May 1.—Special Lecture, Mr. Harmer.
Wed., „ 3.—Cricket Club. Trial Game at Winchmore Hill.
Clinical Lecture, Mr. Harrison Cripps.
Fri., „ 5.—Clinical Lecture, Sir Dyce Duckworth. "On the Later Stages of Cirrhosis of the Liver."
Sat., „ 6.—St. B. H. C.C. *v.* Wanderers. *Home.*
Mon., „ 8.—Special Lecture, Dr. Ormerod. "Eczema."
Wed., „ 10.—View Day.
Clinical Lecture, Mr. Harrison Cripps.
C.C. *v.* Norwood. *Home.*
Fri., „ 12.—Clinical Lecture, Dr. Norman Moore. "Cases of Pleurisy."
Sat., „ 13.—C.C. *v.* Virginia Water. *Away.*
Mon., „ 15.—Special Lecture, Mr. Eccles. "Deformities of Fingers and Toes."
Examination for Lawrence Scholarship begins.
Wed., „ 17.—Clinical Lecture, Mr. Bruce Clarke.
Fri., „ 19.—Clinical Lecture, Dr. West.
Sat., „ 20.—C.C. *v.* Addlestone. *Away.*
Mon., „ 22.—Special Lecture, Dr. Lewis Jones. "The Use of X Rays in Medical Work."
Wed., „ 24.—Clinical Lecture, Mr. Bruce Clarke.
Fri., „ 26.—Clinical Lecture, Dr. Ormerod.
Examination for Matthews Duncan Medal begins.
Sat., „ 27.—C.C. *v.* Southgate. *Away.*

Editorial Notes.

THE Summer Session has begun auspiciously for the Hospital; for, as we go to press, we hear news that all Bartholomew's men will welcome, namely, that the Treasurer and Almoners have accepted a contract for the new Out-patient and Casualty block from Dove Brothers at a cost of £95,000, and *that building will commence at once*. Let everyone who has not collected or subscribed begin now.

* * *

Furthermore, the response to the appeal for the Rebuilding Fund was much better last month than it was in the early months of the year. There has been a munificent donation of £5000 from Messrs. Wernher, Beit, and Co., a second donation of £500 from the Goldsmiths Company (the first being £2000), and £1000 from the Trust Fund of the late Mrs. Alice Palmer, per E. Heron Allen, Esq.; to say nothing of many smaller contributions.

* * *

WITH regard to the Pathological Block we must admit that there is only £1000 in hand, and it is estimated according to the plans, which we purpose to publish next month, that the block will cost £20,000. There is no doubt of the urgent necessity of this block both for the efficient treatment of the patients and for the good of the Medical School; and this is fully recognised by the Governors. But what is to be done? At the present time the matter is receiving the earnest attention of the Governors and Medical Council. The Treasurer and Almoners have advised the Governors to commence building *at once* if the Medical Council thinks it can raise half the total cost of the building. Of course it is not the duty of the medical staff to raise the money; but the present is a special crisis, and the money must be raised in some way or other. Therefore we feel that we shall be doing our duty if we can revive the scheme of raising money for the Pathological Block in the JOURNAL. Much cold water was thrown upon the scheme when our predecessors started it in these columns fourteen months ago, and it has been carried on under the greatest difficulties. But we think that by publishing the plans we shall gain the confidence of all Bartholomew's men, and may hope to strengthen the hand of the Medical Council by raising substantial sums of money so that the building may be commenced at once. We shall be very glad to receive any letters or suggestions from old Bartholomew's men upon this matter.

* * *

VIEW Day will take place on Wednesday, May 10th, and with this in prospect spring cleaning is almost at an end. We are glad to hear that fashion will not demand the wearing of frock coats; that fantastic custom was broken last year, and no one was a whit the worse. The Resident Staff frames its own laws of fashion, but the common herd also chooses for itself.

* * *

THE British workman is distinguishing himself, and has made rapid strides with the two temporary operating theatres. We may hope that they may be completed and ready for inspection on View Day.

* * *

A CORRESPONDENT writes—"*A propos* of the necessity of rebuilding the operating theatre the following story is of interest: On Friday, March 24th, Mr. Jonathan Hutchinson, F.R.S., Senior Consulting Surgeon to the London Hospital, came into the old operating theatre just as Mr. Bowlby had finished his operations. Looking round and up at the gallery Mr. Hutchinson remarked, 'Yes, yes, just the same as when I was a student!' and pointing to the left hand of the top gallery said, 'I can well remember standing up there with Tom Smith and Henry Power, who were my fellow-students.' Mr. Hutchinson went on to explain that, though he was not a *bonâ fide* St. Bartholomew's medical student, yet he took out a course of lectures and became a 'partial' student here in order to attend the lectures of Dr. Charles West, the founder of the Great Ormond Street Hospital for Sick Children."

* * *

IN the March number of the JOURNAL we expressed our views upon the *raison d'être* of the Abernethian Society, and we are glad to see that they are thoroughly endorsed by Professor Howard Marsh, an old and keen supporter of the Society; his letter will be found in another column. We hope that we may have the honour of publishing the views and suggestions of other readers of the JOURNAL, because at the present time the Society does insufficient credit to its honourable reputation.

* * *

THERE is an interesting article in the April *Practitioner* upon the Royal Medical and Chirurgical Society of London, which, having been founded in 1805, will celebrate its centenary this month. But though the writer gives a short account of the origin of the Medical Society of London and of two other of the older societies which were very short-lived, he does not mention our Abernethian Society, which was founded in 1795 by John Abernethy as the Medical and Philosophical Society of St. Bartholomew's Hospital, and has a record of which it may well be proud.

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DR. HORDER'S interesting paper on the "Bacteriology of the Blood" appeared as a supplement to the March JOURNAL. We regret that it was omitted from the table of contents.

* * *

WE are glad to hear that Dr. F. E. Fremantle, F.R.C.S., D.P.H., has been elected a Governor of the Hospital. Although originally a Guy's student, yet Dr. Fremantle has taken some of the advanced courses of instruction here, and is a keen supporter of St. Bartholomew's. The knowledge of general hospital administration which he has gained in South Africa and in Japan should prove of service at the meetings of the Governors.

* * *

WE offer hearty congratulations to Mr. H. J. Paterson, F.R.C.S., on winning the Jacksonian Prize for 1905. The subject of the essay was "The Diagnosis and Treatment of the Surgical Diseases of the Stomach." It is interesting to note that for many years St. Bartholomew's has been able to claim a large proportion of Jacksonian prizewinners.

* * *

WE offer late but none the less heartfelt congratulations to Major Robert Bird, M.D., F.R.C.S., D.P.H., of the Indian Medical Service, on his decoration with the C.I.E. in recognition of his services to the Amir of Afghanistan, who had injured his hand by a gun accident.

* * *

WE have received news of quite a merry meeting of Bartholomew's men in Hong Kong, but unfortunately some of the party had left before the wedding of Dr. F. Gröne, D.P.H., Assistant Medical Officer of Health for Hong Kong, and Miss Dorothy Mutter, late Sister of Coborn Ward, which took place on March 25th. Lieutenant R. M. Ranking, R.A.M.C., as best man, bore his part nobly.

* * *

THE Past and Present cricket and tennis matches have been fixed for Wednesday, June 7th, but the question has been raised as to the advisability of postponing this fixture until the first week in July, when the weather is usually warmer. We offer it as a suggestion that it might be possible to arrange the Past and Present function at Winchmore Hill on the same day as one of the Decennial Club dinners, say the last Wednesday in June or the first Wednesday in July.

* * *

THE subject-matter for the Year-Book, which the Students' Union has decided to publish, is well in hand, but the task of obtaining a correct list of all the Bartholomew's men with their addresses is greater than was anticipated; and so it will probably not be published before the end of the month. No definite price has been fixed for the book, but it is proposed to send out a copy to every Bartholomew's man gratis. However, in order to cover the cost of postage, each man will be *invited* to become a subscriber to future editions (of which three are guaranteed in the publishers' contract) by paying the nominal sum of one shilling. Thus a certain amount of recognised support from the old students will be ensured. There is no doubt that the book will be both useful and interesting.

* * *

THE late Mr. Luther Holden has left £3000 to found and endow a "Luther Holden Scholarship" in surgery, and £500 for the Rebuilding Fund, whilst he has also generously provided for the Samaritan Fund of the Hospital, and has most courteously made a bequest to Sister President in appreciation of the services which the sister of a ward renders to the surgeon.

* * *

THE following is the additional list of Bartholomew's men who have subscribed to the Appeal Fund:

GENERAL FUND.	£	s.	d.
Already acknowledged	7498	5	7
S. C. Hounsfield, Esq.	3	3	0
Mrs. Hadson (per Dr. Wm. Odell)	1	1	0
Mrs. Ogle (second donation)	5	0	0
Collected by Lt.-Col. T. A. Dixon, R.A.M.C.	4	0	8
" R. M. im Thurn, Esq.	2	6	6
" S. C. Hounsfield, Esq.	3	17	0
R. Raines, Esq.	1	1	0
Collected by C. P. Hooker, Esq.	7	5	6
" W. Hyde Hills, Esq.	1	11	0
Collected by C. P. Charles, Esq.	5	2	0
R. Palgrave Simpson, M.D.	5	0	0
Collected by W. McLean, Esq.	3	7	0
N. Bennett Powell, Esq.	5	0	0
G. A. Spear, Esq.	5	5	0
H. Kerswill, Esq.	1	1	0
Collected by H. Kerswill, Esq.	3	1	6
" D. Leslie Beath, Esq.	10	10	0
M. G. Pearson, Esq., F.R.C.S.	5	5	0
Capt. W. H. Cazaly, I.M.S.	2	10	0
Collected by Cyril R. Crawford, Esq.	10	10	0
A. R. Graham, Esq., M.C.(Cant.) (2nd donation)	2	2	0
Collected by B. H. Barton, Esq.	1	6	6
" W. H. Maidlow, Esq., M.D.	0	10	0
" H. J. Beddow, Esq.	12	10	0
" E. B. Lathbury, Esq.	0	11	0
Rev. G. Henslow	1	1	0
A. F. Street, Esq., M.D.	3	0	0
Collected by A. B. Fearnley, Esq.	6	8	6
Total	£7611	11	9

PATHOLOGICAL FUND.	£	s.	d.
Already acknowledged	992	9	6
Capt. J. K. S. Fleming, I.M.S.	5	5	0
C. J. Evans, Esq.	5	5	0
F. E. Fremantle, Esq., F.R.C.S.	50	0	0
D. N. Ruck, Esq.	5	5	0
Collected by G. E. Gask, Esq., F.R.C.S.	2	12	6
*Capt. H. J. Walton, I.M.S.	1	1	0
Capt. W. H. Cazaly, I.M.S.	2	10	0
Total	£1064	8	0

* Has also subscribed to the General Fund.

* * *

IT is with very great regret that we record the sudden death from ulcerative endocarditis of Dr. Reginald Bigg. It is only four years since "Reggie" Bigg, as he was known to all of us, left the Hospital. After holding a house appointment at the Tynemouth Infirmary he became Resident Medical Officer to the Dispensary in Newcastle. He graduated in Medicine at Durham University, where he also took the D.P.H., and was appointed Demonstrator of Bacteriology. We offer our profoundest sympathies to his family in their sad bereavement, and we ourselves know that we have lost a friend. An obituary notice will appear next month.

The Varied Manifestations of Rheumatic Infection.

(*A Clinical Lecture, February 17th*, 1905.)

BY SIR DYCE DUCKWORTH, M.D., LL.D.,
Treasurer Royal College of Physicians.

GENTLEMEN,—I propose to discuss with you today as concisely as I can the large subject of rheumatism. Several cases illustrating this disease now in my wards afford a fruitful opportunity for the consideration of the subject. In your future practice, the world over, you will always have ample experience in respect of the several phases of rheumatism, and in recent years much fresh knowledge of it has been acquired. Few disorders have been more studied or debated about, and many are the theories which have been elaborated regarding it, even within the limits of my experience. Perhaps the commonest conception of it in the public mind is that it is always a painful condition affecting chiefly the joints and moving parts of the body. A pain anywhere is almost always called "rheumatic" by the ordinary sufferer, and is still too frequently so regarded somewhat flippantly by some of us who ought to know better. I hope to show you that when rightly discovered rheumatism is indeed a very wide-spread and multiform disorder, and one which may be manifested in many other textures than those which are involved in the structures of the joints.

We take as the most typical instance to begin with the case of a patient suffering from acute rheumatism or rheumatic fever. The diagnosis here is not very difficult. The disorder is most common in the young; the joints are mainly affected with severe pain and some swelling. There is fever, sometimes high fever, a hot sweating skin, a furred tongue, and a sour smell emanating from the body. The involved joints compel immobility in the limbs, and the pains pass from joint to joint. There is effusion into the joints and the synovial sacs about them, with some redness. This immobility of the limbs sometimes leads ignorant persons to believe that there is paralysis of them. The illness is not seldom preceded by a sore throat some days before the joints suffer, or by a pain in the back, and there is often a history of exposure to cold and perhaps of a wetting after a period of exertion. Such are the obvious symptoms of an acute attack. If no proper care and treatment are secured the patient will remain in continuous suffering for weeks, become weak and anæmic, and probably display urgent symptoms of disorder in the chest. When the treatment of this condition was less well directed than it is now some of the older physicians came to believe that the only cure for the disease was "six weeks in bed and flannel." The patient then rose from his bed in shattered health, and more or less of an invalid for the rest of

his life. He had probably been bled and well dosed with mercury. The pulse was the only guide to treatment, and there were no means of ascertaining the temperature, or of studying the condition of the disturbed internal organs. Now, as to the effects of rheumatic fever on the latter. You will observe that in each case of this disease we examine immediately the condition of the heart, since we have learned that not only are the joints involved, but that the component structures of the heart may be also affected by the peccant matter peculiar to rheumatism. This discovery was first made in this Hospital by Dr. David Pitcairn, one of our physicians in pre-stethoscopic days, at the end of the eighteenth century.

Till lately it was the common belief that rheumatism exerted its particular malign effects solely upon the joints and fibrous structures generally, including especially the endocardium and pericardium. The intimate pathogeny of the disorder was always obscure, the presence of acid sweats leading gradually to the belief that lactic acid was the peccant matter in the system, and that this material was produced in undue quantity. This theory led to the plan of treatment by large doses of alkaline remedies which were in vogue when I was a student. The next theory which was brought forward suggested that rheumatism was of a malarial character, and this view led to the treatment by salicin and salicylate of sodium, one which proved of more value than any previously employed. In the meantime careful study of the disease brought to light the facts that there were other manifestations of rheumatism beyond arthritis and carditis. It was found that certain forms of faucial angina and tonsillitis were of this nature, that a variety of purpura was dependent on this source, and that some disturbances of the skin were due to rheumatic influence. The disorder known as erythema nodosum was perhaps the earliest to be recognised as of this nature; subsequently other forms of erythema, and later the curious occurrence of subcutaneous nodules on certain parts of the body. The muscular system was found to suffer and manifest severe pain and disability. It had, further, long been observed that the nervous disorder known as chorea appeared to hold a marked relation to rheumatic disease, occurring before, during, or after overt attacks of acute rheumatism. It was long, however, before physicians ventured to call chorea cerebral rheumatism, and even now this view is not universally accepted. We now find that our conception of rheumatic disease has thus widened considerably, and that its influence and manifestations are varied, and apt to alight on many parts of the body. For long there had been observed certain features in the disorder which appeared to justify an alliance with, or likeness to, some forms of blood poisoning or pyæmia which are known to affect joints, and present somewhat similar constitutional conditions. Thus pyrexia, sometimes severe, pleurisy, pneumonia, and meningitis are known to be complications of rheumatism; these together with multiple arthritis, sweating, etc., are just what we meet with in forms of pyæmia, and mistakes in diagnosis have thus happened. Acute osteo-myelitis of an infective nature has not seldom been taken for rheumatic arthritis, also gonorrhœal synovitis, which certainly owns a specific infecting cause. This consideration brings us at once to the latest conception of the disease, namely, that it is of an infective nature, not produced from within by some metabolic perversion, endogenously so to say, but an infection from without, introduced somehow into the system, or exogenously. Guided by this conception we are enabled to follow with much assurance the varied manifestations of true rheumatism. The fact that sore throat is often an early forerunner of the more obvious symptoms leads to the belief that the infection takes place primarily in the fauces, a region which we know to be highly susceptible and vulnerable in the presence of definite toxic agents. Thence the infection probably spreads far and widely. We have next to notice that, although rheumatism is a very common disease, it does not affect or infect everybody. It is manifest that many persons enjoy an immunity from it, and cannot become truly rheumatic. The explanation of this fact is not far to seek. The same may be affirmed in respect of the infection of tubercular toxin. We find that certain persons have a marked proclivity to one or the other. This is clearly a matter concerning the constitution or peculiarities of the tissues of the individual, and we therefore speak of the diathesis or proclivity to these disorders in the particular person so affected. This condition is inherited and personal, and runs in families more or less strongly marked, more in some members than in others of the same family.

Recent researches have demonstrated that in rheumatism we have to deal with a particulate and specific infecting microbe, one of the streptococcic genus as is believed, and the labours of Triboulet, Singer, Wasserman, Poynton, and Payne have made this plain for us. The microbe is a diplococcus, and it has been isolated from the blood, tonsils, endocardium, pericardium, membranes of the brain, and even from the subcutaneous nodules in this disease. By inoculation with these and their toxic products the several lesions of rheumatism, including chorea, have been induced in animals, and hence our knowledge is placed on a sure foundation in this respect, constituting one of the modern triumphs of medicine which the public are little disposed to place to its credit in these days when surgery is commonly credited with the whole advance in our art.

The toxæmia thus induced is the peccant matter formerly spoken of by the older physicians, and in its varied workings in the system lactic acid appears as a by-product only. According to the manner and locality of the toxic influence we find the varied manifestations of rheumatism in the throat, skin, joints, brain, heart, and other textures,

and thus better understand the different phases of it met with in daily practice.

It is of interest to note here that these discoveries make clear for us the difference between rheumatism and gout, two conditions that are often confounded and believed to be closely allied. They are not closely allied, and are materially distinct. We have no evidence of any infectivity in the case of gout. There is a toxic element without doubt, but it is of endogenous formation, arising from the special metabolic derangements peculiar to the individual. The patient creates his own toxin. It does not enter from without. What alone is common to the two conditions, as I believe, is the basic diathetic habit of body or constitution which renders the subject liable under the respective provocation or influences to one or the other, and so rheumatism and gout are seen to run in certain families, and to be wholly absent from others.

In respect to rheumatism we note, further, a tendency to affect largely the motorial functions of the body. The poison alights upon the joints and on the great motor centre of the circulation, and we find some aid from the conception that the presiding nervous centres of these parts are almost certainly situate in adjacent parts of the medulla oblongata. The occurrence of what are known as spinal arthropathies throws some light on this difficult matter.

Having thus endeavoured to clear the way for my clinical subject of to-day let us consider briefly the feature of some cases which I bring before you from my wards. They are all of an acute nature, and I purposely omit all reference to the more chronic varieties of rheumatic disease which, however, I may tell you, now come more obviously into relation with the acute forms than has hitherto been imagined, a point I have tried to indicate on other occasions.

The first case I will mention is that of F. J—, æt. 22. You may remember I brought her before you on a previous occasion, illustrating a recovery from severe rheumatic pericarditis with effusion. We employed paracentesis of the sac in that case, but no fluid was withdrawn. Amendment followed active blistering, which is usually of much value in such cases. This woman next developed subcutaneous nodules on her hands, which still remain, and she also manifests a very anæmic condition, which is apt to follow acute rheumatism. The heart-sounds are free from murmur, whence we conclude that there has been no endocarditis, or if such existed at any time all signs of it have passed away favourably. The anæmia is now yielding to treatment, and the blood-count is improving.

The next case is that of S. K—, an undersized child, æt. 11. She had serious cardiac disorder, with physical signs indicating damage to the tricuspid, pulmonary, and mitral valves. I do not think this an example of congenital malformation or disease. We can obtain no history of any rheumatic attack in this instance. Her first symptom was a sudden onset of dyspnœa on the 30th January, and the child was supposed to have been in ordinary good health previously. You will not seldom meet with similar cases, and the absence of preceding rheumatic symptoms may lead you to believe that they are not of rheumatic origin. I would warn you against any such belief. If such cases are not of rheumatic origin, I would ask what is their origin? We know of no other condition likely to induce such endocarditis, and we also know well that acute rheumatism may occur in children without arthritis of sufficient severity to attract attention, and also without pyrexia. Hence the disease may, and certainly does, alight upon the heart, and pass unrecognised by the parents. The damage is only discovered later by the presence of cardiac symptoms, or it may never disclose itself till discovered incidentally by auscultation.

Rheumatic endocarditis may occur in the fœtus *in utero*, and this is the common ætiology of congenital cardiac malformations, the right side of the heart being then, for obvious reasons, the usual site of the mischief. Such cases as these are termed instances of abarticular rheumatism. The prognosis is bad. The subjects remain stunted in general growth, and the tendency is to failure and dilatation of the myocardium, hepatic engorgement, dropsy, and death.

The next case is that of M. H—, æt. 13, who came into Faith Ward on November 15th last year with acute articular rheumatism. In this instance we found a strong family history of rheumatic proclivity. The mother had rheumatism, heart disease, and died of it. One sister had rheumatic fever twice and chorea. On admission the heart was free from murmur; the pains in the joints were rebellious to treatment by salicylate of sodium and aspirin. A month after admission, the girl having been kept in bed all that time, a systolic apex murmur was detected. There was much depression, and lingering pain in the left shoulder-joint. The systolic murmur became rougher and louder. The case proved very tedious. About January 18th some choreic twitchings were noticed. I show you the temperature chart of the patient. You observe that on admission there was a temperature of 102°, but after the second day there was no pyrexia, the temperature remaining subnormal all through November and December till the 6th January, when there was a rise for a day to 100·4°. With the onset of signs of endocarditis there was still subnormal temperature, and with the first symptoms of chorea the same condition prevailed. A rise occurred again to 100·2° on February 3rd for one day only, but with a steady aggravation of the chorea a rise began again on February 7th, and continued till the 13th of this month, reaching 103·2° on the 11th inst., when the girl was very ill. The chorea is very severe, the twitchings and movements demanding restraint, and feeding by the nares being necessary. Large doses of chloral hydrate and bromide of potassium are required to induce adequate rest. There is present that peculiar silence which prevails in severe cases of chorea. At the approach of puberty you should always regard chorea as a serious disorder. Most of the fatal cases occur at that time, or, as I would rather say, used to occur then, for since the introduction of chloral as a remedy we do not often meet with fatal cases at any period of life. We now regard such manifestations as indicative of cerebral rheumatism, and we treat them accordingly as such with salicylates, aspirin, together with bromides, taking care to limit the movements and sustain the powers of the heart and nervous system by an adequate supply of nourishment. A few days ago the respiration assumed the Cheyne-Stokes' type, and the pulse became very feeble, so that strychnine and ether were given, and with benefit. The catheter is required twice daily. I quite hope for recovery in this case. In this case we follow the several manifestations of rheumatic infection, first its alighting on the joints, next on the endocardium, and finally on the cerebral membranes and cortex. We note the strong family proclivity to be affected by this specific infection, and the personal vulnerability to it.*

We rise from a study of the whole matter gravely impressed with the malign possibilities of this disease, one so widespread, so damaging to vital parts of the body, and so worthy of our serious study and best efforts to limits its range of action.

As to its prevention we have but little knowledge. It is clearly right to maintain the general health at its highest vigour, to avoid sudden exposure to our often inclement and shifty climatic conditions, to be sufficiently and wisely clad, but not over coddled. At the onset of the disease and throughout bed is imperative—rest to the heart and circulation. The dietary should be chiefly of milk and carbo-hydrate food. Animal broths are undesirable. With the advent of any variety of carditis blistering over the

* April 17th.—This patient has made an excellent recovery. The mitral murmur remains.

præcordia is useful, and may be repeated from time to time with benefit. Sodium salicylate or aspirin is commonly the best medicine, in full doses at first, after one smart aperient dose of calomel. My experience of the treatment by perchloride of iron is not satisfactory. If the joint pains are obstinate I find potassium iodide and quinine of value, or Huxham's compound tincture of bark with citrate of potass may be employed. Most cases respond rapidly to the prudent dosage of salicylate of sodium. Many cases linger on, as I have noted, in consequence of over-feeding or the giving of animal food too prematurely. The subsequent anæmia demands iron and a little good wine, and a change to some dry inland climate is advantageous to promote a sound recovery of health. We seldom meet now with hyperpyrexia in acute rheumatism. If it occurs we should resort to sponging with iced water, Leiter's tubing round the head, and dosage with quinine (gr. v every four hours) as long as may be necessary. These measures commonly prove effectual in such cases, and render the system of cold bathing, which is cumbrous and troublesome, unnecessary.

Cok's Chronicle.

By NORMAN MOORE, M.D.,
Physician to St. Bartholomew's Hospital.

JOHN COK, a brother of St. Bartholomew's Hospital, who copied into a great vellum book all the title deeds of the hospital estates, as well as all the royal charters, papal bulls, and episcopal briefs he could find relating to the hospital, had early in life been apprenticed to Thomas Lamporte, a goldsmith in Wood Street, and, like some other goldsmiths of his period, became an accomplished scribe. He was ordained priest in 1417, and in 1419 became a brother of the hospital. There he lived to the end of his days, and within our walls he was no doubt buried.

He began to write his cartulary in 1456, and ten years later he had nearly finished it, and writes at the end of a long bull of Pope Nicholas V "Scriptum per fratrem Johannem Cok in etate declinata, cujus animam propitietur Deus: Amen." After another bull of Pope Nicholas two years later he has written in Latin "written by brother John Cok in the evening of his life in the year of Our Lord 1468, on whose soul may God have mercy: Amen." He was devotedly attached to the hospital, and took pride in its privileges and independence, as a note appended to his copy of a charter of King Edward II shows: "Written by brother John Cok, in the evening of his life, on the twenty-forth day of August, with unsteadiness of hands, as appears by the writing. A.D. 1466, and in the sixth year of King Edward IV, the charter of the confirmation of the liberties of the hospital of Saint Bartholomew in West Smithfield, London, obtained by Master William Rows in the nineteenth year of Edward II. On whose soul may God have mercy."

John Wakeryng, in whose election by acclamation "per viam Spiritus Sancti" he took part in 1422, was probably the man of his time whom he admired most, and Cok lived throughout the forty-four years of his mastership.

At the end of the cartulary Cok has written in Latin a short chronicle of the Kings of England.

In the year of grace 1042 the coronation of St. Edward, King and Confessor, at Winchester, who, in the twenty-fifth year of his reign, was buried in state in the Church of Westminster, which he himself had caused to be built.

In the year 1066 the coronation of Duke Harold at Westminster, and the same year his burial at Waltham.

In the year 1067 the coronation of William I, Duke of Normandy, at Westminster, who, in the seventeenth year of his reign, caused England to be described in one volume called Domesday, and the fourth year after that was buried at Caen.

In the year 1087 the coronation of William Rufus at Westminster, and in the thirteenth year of his reign he was buried at Winchester.

In the year 1100 the coronation of Henry I, Belclerk, brother of King William Rufus, at Westminster, and in the thirty-fifth year of his reign he was buried at Reading. He made the Park of Woodstock.

In the year 1135 the coronation of Stephen the King at Westminster. He was buried in the nineteenth year of his reign at Faversham.

In the year 1154 the coronation of Henry II, son of the Empress, and kinsman of Stephen, at Westminster. And in the thirty-fifth year of his reign he was buried at Fontevreaux.

In the year 1154 the translation of St. Edward, King and Confessor, on the third of the Ides of October.

Thomas, Archbishop of Canterbury, and afterwards, owing to the said King, martyred in the year of Our Lord, 1171, on the 29th day of December.

In the year 1189 the coronation of King Richard at Westminster, who reigned eleven years, and was buried at Fontevreaux.

In the year 1199 the coronation of John the King at Westminster, and after he had reigned eighteen years he was buried at Worcester. In this reign was the interdict of England, and it lasted to the year of the Lord 1214.

In the year 1216 the coronation of Henry, son of King John, at Gloucester, who, in the fourth following year, was again crowned at Westminster, and was there buried in the fifty-seventh year of his reign.

In the year 1274, the 14th of the Kalends of September, the coronation of Edward I, the first after the Conquest, at Westminster who was there buried in the thirty-fifth year of his reign.

In the year 1307, the 10th of the Kalends of March, the coronation of Edward II at Westminster, who was buried in the twentieth year of his reign at Gloucester.

In the year 1326 Edward III, the flower of knighthood of all Christendom, was crowned at Westminster, in the eighteenth year of his age, and in the year of the Lord 1346, on the 3rd day of September, the same Lord King Edward began to besiege the town of Calais with a camp, and continued his siege to the 3rd day of August in the next year, on which day he subdued the aforesaid town to his government with his camp. And in the year of the Lord 1348, on the Kalends of July, the most illustrious King of England, Edward III, conquered the French in a naval fight at Sluys. And in the year of the Lord 1346 with the English the French fought at Cressy, and the King of Bohemia there perished. In the same year the 16th of the Kalends of November the Scots were conquered by the English at Durham, and David, King of Scotland was taken. And in the year of the Lord 1356 the 13th of the Kalends of October, the capture of John, King of France at Poictiers (Peyters) by the excellent Prince Edward, firstborn of the gracious King Edward III. And in the year of the Lord 1376 the sixth of the Ides of June, died Edward, the excellent prince, on which day fell the feast of the Holy Trinity. And in the year of the Lord 1377, the 11th of the Kalends of July, died King Edward, the flower of knighthood of Christendom, and on the third of the Nones of the same month he was buried at Westminster in the fifty-first year of his reign.

In the year 1377, the 17th of the Kalends of August, the

coronation at Westminster of Richard II, son of Edward Prince of Wales, in the year of his age eleven. And in the twenty-third year of his reign he ended his life, and was buried at Westminster.

In the year 1399, on the feast of Saint Edward, King and Confessor, the coronation of Henry IV at Westminster. And in the fourteenth year of his reign he ended his life. He is buried at Canterbury, and was the son of the Duke of Lancaster.

In the year 1413, on the 9th day of the month of April, which day was Passion Sunday, and a very rainy day, the coronation of Henry V at Westminster, at which coronation I, Brother John Cok, who recorded that royal coronation for the refreshing of memory, was present and beheld it; which king carried on many astonishing wars, and subdued a great part of France to his rule. And he died in France in the tenth year of his reign, and was honourably buried at Westminster.

In the year 1432 Henry VI, son of King Henry V, in the first year of his age, began to reign on the first day of September.

It will be observed that Cok's dates are sometimes erroneous, and sometimes, from difference of reckoning, do not accord with those in common use at present. In the eleventh century the year began on Christmas Day, and hence Cok puts William's accession under the year 1067, instead of the 1066 to which we are accustomed.

Edward I, who succeeded his father in 1272, was abroad at the time, and was not crowned till he came home in August, 1274.

The year in the fourteenth century began on Lady Day, so that January, 1327, as we should reckon it, was 1326 in the reckoning of Cok's time. Edward III was proclaimed in January, and crowned on the 1st of February.

I was present at the Jubilee of Queen Victoria in Westminster Abbey, and, as I looked down from the triforium of the choir on the splendid assemblage of princes, and watched the great Queen herself walk up the nave to her throne, my mind naturally recalled this chronicle of the brother of Saint Bartholomew's, who, perhaps from the same place, watched the coronation of the future victor of Agincourt, and saw:

> "Harry the King, Bedford and Exeter,
> Warwick and Talbot, Salisbury and Gloucester."

Bonesetters and their Work.

By HOWARD MARSH, M.A., M.C., F.R.C.S.,
Professor of Surgery in the University of Cambridge.

EVERY well-advised general practitioner and every well-advised surgeon will look into the question of bone setting, and be careful as to the attitude which he adopts towards it. He who ignores it will not have long to wait before one of his best or one of his most talkative patients is cured by a member of the fraternity. He who says bonesetters are ignorant quacks is merely beating the air. The public, instead of agreeing with him, will say that he is jealous. Thus his position is both futile and undignified. No one, of course, need believe, as many of the public do, that bonesetters can work miracles equal to those recorded in the Old Testament; yet it cannot be denied that in the past bonesetters have, as a matter of fact, often cured cases in which surgeons had failed. Even in this year of grace 1905 bonesetters still exist, and the cases which they can cure exist also. It therefore behoves all whom it concerns to keep a sharp look-out.

How do bonesetters do their work? To begin with, they do not make a diagnosis in the ordinary sense of the word. Diagnosis demands some anatomy and pathology, and the bonesetter knows nothing of either. Nor does this matter, for being a bonesetter he has the natural gift of at once telling whether a bone is out or not. He does this by instinct, just as a bird flies or a fish swims. A bonesetter in a Law Court once said that his knowledge was hereditary. To such a one anatomy is superfluous. Mr. Hutton used to say "Don't bother me with anatomy. I can cure you, what more do you want?" This instinctive or hereditary knowledge concerns chiefly small bones in the neighbourhood of the various joints, of the very existence of which the surgeon is quite unaware. A surgeon, of course, knows all about the big bones, but he knows nothing about these little ones—they are entirely beneath his notice. And how can a patient who has been lame for a month, but whose surgeon has assured him there is nothing the matter, have any doubt about the correctness of this view of the case when he finds that the bonesetter sees at a glance, perhaps through a thick leather boot, that a bone is out, when he moves the foot, and there is a crack (when the bone goes in) and when he finds himself cured?

The buttons of the back (the bonesetter's name for the spinous processes), again, are things about which surgeons know very little. The surgeon may have no idea that they are out, while the bonesetter not only sees immediately that they are out, but at once puts them in. Although muscles very seldom slip in surgical practice, the accident is a very common one in the practice of bonesetters. The deltoid, for instance, often "slips round to the front," and under manipulation goes back with an audible and reassuring jerk. It will do this not only at the shoulder, but at the knee and the ankle. What patients are told is the matter with them is sometimes grotesque. Thus a lady who had a bursa over the tuber ischii was told, in the vernacular, that the bone in this part of her body was out, and, after submitting to manipulation, was assured it had gone in. Sometimes it is alarming. A neurotic youth with slight lateral curvature was told that his pelvis had opened and both his hips were out. This terrible condition reminds one of the sailor's threat to the young middy that he would screw out his navel and unship his posteriors. Sometimes the artist is not a bonesetter—he has blossomed out into an Osteopath. Now many a bonesetter is a perfectly honest man, but your osteopath is a knave of the very first water. Only a few weeks ago an osteopath told a patient who had recently had a fracture of the clavicle—(*a*) that the bone was shamefully mended; (*b*) that the pain he felt meant

that the arm would soon be paralysed; (*c*) that there was a dislocation of the spine; (*d*) that there would soon be a clot in the brain; (*e*) that there was not a moment to lose; (*f*) that £10 must be paid down at once, and that the cure would take fifteen weeks. Was ever Ossa more wickedly heaped on Pelion?

As to results; these fall into two classes, the successes and the failures. The cases which bonesetters can cure were, before Sir James Paget gave his lecture,* and for some time after it, thick on the ground. Surgeons finding that a wound of a joint was followed by violent, sometimes fatal septicæmia, concluded that like the peritoneum, joints were intolerant of interference. When, therefore, a joint, say after a wrench, was "inflamed," they put it on a splint and kept it fixed for three weeks or a month. After reducing a dislocated humerus they kept the arm bandaged to the chest for a similar period. In the treatment of fracture of the bones of the leg, the ankle-joint was kept fixed at an angle, say of 120° with the leg, for six or seven weeks. In many of these cases the joints became stiff, either from mere position or because adhesions had formed. Here bonesetters found a rich harvest. They repeated their accustomed formula:—The doctor had ignorantly (or shamefully) mismanaged the case; a bone was out, or a muscle (usually the ubiquitous deltoid) had slipped; they wrenched the limb, the bone went in, or the muscle slipped back into place, with a snap which startled and convinced everyone who heard it (in other words they broke down adhesions), and they frequently produced a speedy and complete cure. In recent years the defects of surgical practice which furnished bonesetters with this happy hunting-ground have been corrected. Splints are employed with more knowledge as to their use and abuse, and with a healthy conviction that their abuse has often been very much in the ascendant; and by the judicious and timely use of passive movements and massage the formation of adhesions has been prevented, muscular wasting has been obviated, and recovery has ensued so pleasantly and quickly that the patients have found it unnecessary to seek further advice. At the present time it is understood that if adhesions have formed so that stiffness and pain remain, they must be removed before the patient is dismissed as cured. Until lately it was customary to assure the patient that he was all right as soon as the fracture had united; but to tell a man who wants to shoot or to plough that he is cured, although he cannot put his heel to the ground, recalls the French surgeon's statement that his patient had "died cured." Surely in both cases the result left something to be desired; and although the dead man would tell no tales the other would, and the tale which he would tell up and down the country side, in the hunting-field, in the market-place, and on his way to and from church; or in London society, where it would quickly travel far and wide, for *vires acquirit eundo*, will be that Dr. So-and-So said he was cured while all the time a bone was out which the bonesetter saw at a glance, even through his clothes, and then and there put it in. The following instance is now such ancient history that all the *dramatis personæ* are dead except the patient; of whom, instead of saying I hope he is alive to tell the tale, I will say I trust his leg has been well so long that he has forgotten there ever was anything the matter with it. The story presents so vivid and instructive an epitome of the relations of bonesetters to surgery that I am glad to tell it.

A young gentleman, belonging to one of the best known families among the aristocracy, injured the calf of his leg at lawn tennis. He was put to bed, and mistake number one was made, for his leg was placed on a splint. At the end of three weeks the splint was removed, but the foot was in a position of equinus, and an attempt to bring it up towards a right angle gave severe pain. Then came mistake number two, for the foot was left in this position and various local applications were tried; while the patient was kept on a sofa, with a flower in his button-hole, and some light refreshment on a table near at hand. For the whole season he was petted and pitied by the *élite* of the Upper Ten, and was seen first by one distinguished surgeon, and then by another. Not improving he was sent to a health resort, and then for a sea voyage, but all to no purpose. At last he consulted a bonesetter, who, without a moment's hesitation, said a muscle had slipped out, and at once proceeded to put it back by bringing the foot up to a right angle with the leg. In a few days the patient could walk as well as ever. There can, I think, be no doubt as to this case. A few muscular or aponeurotic fibres had been torn, and an adhesion had formed, and this paltry lesion, treated on wrong lines, had kept the patient for many weeks on the sofa, driven him away to a health resort, and then on a sea voyage, and had cost some of the first surgeons of the day the ignominy of a very public defeat at the hands of an itinerant bonesetter. As we can now clearly see, this was no case for fixing the limb and keeping it at rest. Three days on a sofa, followed by passive movements and massage, and then by walking exercise was all that was required. The case is a very useful one, showing as it does that limbs must not be placed on splints and kept at rest as a matter of routine, but only when the surgeon has clearly seen why he should use a splint at all, and what exactly it is that he expects it to do, and therefore how long it should be continued.

Space does not allow me to discuss the different cases which bonesetters cure. They may be found admirably described in Sir James Paget's* lecture. I have also written about them.† The main points for those to bear

* Surgical Essays and Lectures.

* Loc. cit.

† *Diseases of the Joints and Spine*, second edition, 1897, pp.

in mind who wish to keep clear of bonesetters are that in even the most trivial cases a careful and exhaustive examination should be made so that, as far as possible, the true condition present may be ascertained. A most necessary thing in many instances is to definitely ascertain that there is nothing seriously wrong; for then the question forcibly presents itself—On what does the incapacity of which the patient complains depend? Are there adhesions, or is there mere stiffness from position? Is there some slight displacement of a semilunar cartilage, or of one of the small tendons connected with the transverse processes of the cervical vertebræ; or, is the patient neurotic or merely timid? In presence of any of these even bare possibilities movement may very well be used. It can do no harm, for all serious conditions have been ascertained to be absent, and however unlikely it may appear, yet I know by experience several times repeated, that movement may, in this group of cases, effect an immediate cure. It may even appear quite clear that movement cannot do any good, and yet it may forthwith cure the patient. Take, for example, the following instance:—Adhesions around a sprained ankle are broken down and all symptoms disappear. Some months later the patient returns saying that his foot is bad again. Nothing can be found amiss—movement appears perfectly free. The patient asks to be cured as he was before. The surgeon says this cannot be done as no adhesions are now present. The patient seems greatly disappointed and repeats his request. The surgeon at length agrees, but merely in order—as no risk is incurred—to satisfy the patient. The unexpected occurs and the foot is cured. I think, although they gave no sign, some few adhesions must have re-formed. A bonesetter would certainly have cured this case by putting a bone in.

A bonesetter may score, not because the surgeon is at fault, not because he (the bonesetter) has done the least good, but because he says, and the patient believes, that he knows more about bones than any surgeon. When going to the fountain head in a frame of mind in which they are ready to believe that mountains are about to be cast into the sea, patients find, as they watch the bonesetter, that he grasps the case without a moment's hesitation. They at once draw their own conclusions. What a contrast! The surgeon seemed puzzled, and had the left arm uncovered as well as the right, although the left had nothing whatever the matter with it; he appeared to hesitate and go over the ground again, and, after groping about in the dark, to fail absolutely in finding, not only which particular bone it was, but that any bone of whatever sort or kind was out. What a disappointment! what a waste of time and of a fee thus to have bought at the wrong counter! The bonesetter, with a steady glance so penetrating that he could evidently see the bones as clearly as a skiagram could show them, with a shrug of the shoulders which meant that the patient had been a poor victim, and the surgeon a clumsy ignoramus, meddling with things which he had better have left alone; and with a punch with his thumb, which at once disclosed the "tender spot," was master of the situation. Here was another case in which a button of the back was out, or in which the deltoid had slipped round from the outer to the inner side of the ankle. All this to a surgeon who knows that what has been said is a myth from beginning to end is aggravating enough; but it is worse still when a person, who has been grossly imposed upon, completely believes what has been asserted. I lately heard of a mother who was firmly convinced that her child had been cured, by a bonesetter, of old infantile paralysis; and of another case in which an Osteopath, after putting in a bone at the outer margin of the orbit, promised that the patient would soon begin to see with her glass eye. And she believed it.

Further Extracts from the Letters of a Medical Student.

1828—1830.

(*Continued from p.* 42.)

Dublin. November 9th, 1828.—In the first place, I can give, I think, a good reason why I prefer Steevens' Hospital to Meath. The surgeons at Steevens' go round exactly at 7 o'clock every morning, but Friday,—which is a public day and certainly rather inconvenient; but unless there is some operation of consequence, I do not intend to go there on that day; the hour is twelve, which only gives, or rather will give me, one hour to go there and back, and see any operation besides. We (for I have a companion) get back about a quarter after nine, breakfast, and then separate, he to the College of Surgeons, and I to Trinity College. At the Meath the surgeons and physicians are very irregular, frequently half an hour after their time, so that sometimes it is 10 o'clock before the pupils get away. Then at Steevens' there are 200 beds, at Meath not more than 50, and the terms the same at both. Last winter they had four operations at the Meath, and they were at Steevens' never a week without one, and frequently two and three. It is true I do not know anything of the officers of the Meath; but Mr. Cusack, who sleeps in the Hospital almost every night, is so very regular and communicative, and he gives us accounts of the diseases, and makes his remarks in a very free and unreserved way, that I am very much pleased with him. Mr. Wilmot also makes his remarks to us very freely, but not so much so as Mr. Cusack.

I cannot say I am so much pleased with Colles in the wards of the Hospital, as he is rather reserved; but perhaps that may wear off. Then there is Dr. Marsh, I believe the first physician in Dublin, or there is only Dr. Cheyne before him, if not the first. I heard him give his introductory lecture

to a course of practice of medicine, and I must say that if I had to attend practice of physic here, I would rather hear him than anyone here. His language is almost, I may say, beautifully eloquent, without any fine flourishes which obscure the meaning. I have been round the wards at Steevens' with him and like him very much there too. He is quite a stethoscopist. We have not got into a regular train of business yet; but I believe that when we have, it will be—seven o'clock in the morning Steevens', when the surgeons go round; about 8 o'clock Mr. Wilmot gives a clinical lecture; and we get home to breakfast from about a quarter to half past nine. I then go to the anatomy house and work till one, when we have a lecture from Dr. Macartney. He is at present giving a public course, as he is obliged to do, of twelve lectures. From two till three Dr. Stratten gives a lecture, on pharmaceutical chemistry and materia medica at present. Dr. Macartney gives us a demonstration of the bones from three to four; he began on Wednesday. I did not begin to dissect till Thursday, and got a lower extremity of a very good subject. It was the first that came in since I arrived, and in consequence of my entering soon I came in for it. The demonstrations do not commence fairly till the 17th, and then it will be a demonstration from eleven to twelve, and a lecture from one to two. At seven in the evening Dr. Montgomery lectures on midwifery in Cuffe Street, not far from here, just at the top of Stephen's Green. I only entered to him last night. Soon after we got home a polite note came asking us to breakfast with him this morning. Of course, we went and found him a very nice, gentlemanly, little fellow. We did not stay very long with him, as he was going to the College chapel.

Mr. Hensman was going into the country, and I was going to Steevens' Hospital, which I did do, and went round with Mr. Cusack, who was very attentive and polite as usual. He performed two operations—amputation above the knee—on Friday. During the first, Mr. Colles, who had charge of the tourniquet, was looking about him when the screw slipped and almost deluged Colles (and he richly deserved it, for it was complete inattention), Cusack, an assistant, and my companion, Mr. Hensman. I sent you a paper on Wednesday giving an account of the meeting of the Brunswickers. The Scotch Greys were out, and it was very beautiful to see them galloping through College Green in the gaslight, and the place which had been, a minute before, more like Bedlam broke loose, was as still as if there was not a living being within forty miles. Mr. Hensman is the son of a surgeon in Liverpool, a very nice young man much about my own age, who was with Mrs. Fox last winter. He arrived here the Saturday after I did. He attends the College of Surgeons.

During the first week I heard Harrison lecture on comparative anatomy every day, and a most beautiful lecturer he is. Jacob gave two or three demonstrations. He is not a very good lecturer; but when he gets fairly into the subject, he goes on very well. I have heard him lecture in a very plain, good way, quite matter of fact.

There are some very good cases at Steevens'. One, a case of brachial aneurism from puncture in bleeding. The man is nearly well. They applied a compress, and rolled the arm up from the tips of the fingers to the axilla, bled him pretty freely from the other arm, and gave him digitalis in large doses. One day he took six doses, of twenty drops each. Of course, that reduced the arterial system, and gave them an opportunity of producing absorption of the extravasated blood. There is also a curious case of fistula *in ano*, on which we are to have a clinical lecture from Mr. Wilmot to-morrow morning. Tell Boultbee I can get a complete set of bones, separate, for eighteen or twenty shillings. Pray, how does the Milk Street Dispensary go on? Has it beat the other out of the field yet? Also the Old School and the New School?

DECEMBER 18TH, 1828.—I have had a case of scarlatina, or more properly speaking, according to Mason Good's classification, rosalia. John Hill began about ten days since. I followed your treatment, an emetic in the first instance, a dose of calomel, and then the muriatic acid. Being a pupil of Mr. Cusack's, I let him know, and he called to see him several times, but did not order anything, telling me I might give him just what I liked. He put his clothes on to-day for the first time, but did not leave his room. He had a very smart attack and was very ill, but I think is coming round rapidly. Mrs. Fox has been very anxious about him, as well as about her own family, none of whom, luckily, have taken it so far.

We had the operation of lithotomy by Mr. Cusack, which I am sorry to say terminated fatally, the lad dying of diffuse inflammation of the cellular membrane the day after the operation. The time occupied from the first incision to the extraction of the calculus was two minutes and twenty seconds. Mr. Cusack had got the stone on the blunt gorget with his finger, and in putting in the forceps he pushed it off, and that, of course, made the operation longer than it would otherwise have been.

We have a case of icthyosis which is getting well under the administration of the nitro-muriatic acid.

(To be continued.)

The Special Departments.

WE propose to publish from time to time in the JOURNAL a short account of each of the special departments of the Hospital in turn, with a summary of a few of the cases in attendance. Our object in doing so is not so much to instruct, because that is impossible in the small space at our disposal, but rather to call attention to the great amount of important practical work that is carried out in these departments, and also to diminish, if possible, the great waste of clinical material which occurs almost daily at the Hospital, by attracting more general interest in these departments. There is a tendency on the part of students to neglect the special departments altogether, or to

rush through the work as quickly as possible, as if it was a necessary evil to be brushed aside. This mistake is only discovered afterwards, and it may be at the cost of many patients.

This month we take the Ophthalmic, the oldest of our special departments.

THE OPHTHALMIC DEPARTMENT.

This Department was founded in 1870 with Mr. Henry Power as the first ophthalmic surgeon to the Hospital. Before this time the general surgeons treated the eye cases, and operated for cataract, etc., in their own wards. However it is interesting to find it recorded in 1727 that "through a tender regard for the deplorable state of blind people the Governors think it proper to appoint Dr. John Freake, one of the assistant surgeons of this house, to couch and take care of the diseases of the eye of such poor persons as shall be thought by him fit for the operation, and for no other reward than the six shillings and eightpence for each person so couched as is paid on other operations."

Mr. Vernon was appointed Demonstrator of Ophthalmic Surgery in association with Mr. Callender, and subsequently Junior Ophthalmic Surgeon in 1870.

On Mr. Power's retirement in 1894 Mr. Jessop was appointed to the Junior office, and became Senior after Mr. Vernon's death in 1901, when Mr. Holmes Spicer was elected to fill the vacancy.

The wards were not opened till some time after the Department was instituted, and then beds for twelve male and thirteen female patients, under the admirable direction of our present Sister "Eyes," were allotted to the Department, and were opened by the then Prince and Princess of Wales.

There is a small theatre attached to the wards, and here operations may be seen on Tuesdays and Fridays at 2 p.m.

Probably the most important part of the Department's work, from a student's point of view, is done among the out-patients, as practically all the patients in the wards are first thoroughly examined in the Out-patient Room.

Mr. Jessop attends on Wednesday and Friday afternoons in the Surgery at 3 p.m., where, on the latter day, he gives a demonstration at 3.30 p.m.

Mr. Holmes Spicer sees his patients in the Medical Out-patient Room on Monday and Thursday mornings from 9 to 1, and gives a demonstration on Thursdays at 12 on interesting cases. Special classes for the higher examinations are also held from time to time.

It will be seen that a useful knowledge of ophthalmic work can be obtained by attending the out-patient rooms, the classes, and the wards, but students are strongly advised, if possible, to work as clinical dressers in the Department. The hours required are far less than formerly. For six weeks of the appointment two mornings a week under Mr. Spicer are all that is required, while under Mr. Jessop for another six weeks it is necessary to do ward work every morning, and to attend the Department three afternoons in the week. Thus it is obvious that men are able to hold the appointment while doing other work, whereas till quite recently dressers had to give their whole time to the Department.

It cannot be impressed too strongly on the student how useful even a slight knowledge of ophthalmology may be in general practice. Refraction work cannot be learnt thoroughly without clerking, but it is possible for men to obtain a fair grasp of the methods of diagnosis and treatment of the common eye diseases by attending regularly the work of the department and the demonstrations.

There have been, during the last few months, several interesting cases of orbital tumour, a few cases of diphtheritic conjunctivitis, and many cases of perforating wounds of the eye, as illustrated by Mr. Noon's paper, while there is a constant series of cases showing syphilitic disease affecting both the eyeball itself, and its extrinsic muscles and nerves.

In fact, if men will only take the trouble to attend the work of the Department, there is nearly always plenty of *clinical material* for all purposes, and perhaps we may hope to hear less frequently the oft-repeated excuse "I have never seen a case of so and so."

WOUNDS OF THE EYEBALL.

Being a short account of the cases lately treated in the Ophthalmic Department.

By L. NOON, B.C.Cantab.

Wounds of the eyeball are of sufficient frequency to interest the general practitioner as well as the ophthalmic specialist. They are generally classified in the books as:

A. Those where a foreign body remains in the eye.

B. Those with no foreign body.

Class A is not a large class, since a foreign body can in most cases be removed, and then the case comes under Class B.

Class B is further divided into (i) Ruptures by considerable violence from a blunt weapon, and (ii) Incised or punctured wounds. These are further subdivided according to whether the wound involves the cornea, the ciliary region, or the posterior part of the sclera, those involving the ciliary region being the most dangerous.

Clinically the cases treated in this department during the last year fall into four groups:

(*a*) Injuries with considerable violence, causing a large corneal wound which involves the sclera as well. These are due especially to the bursting of glass bottles. There is always a great loss of vitreous, sometimes the lens is lost as well; the iris and ciliary body are prolapsed, and when the patient is first seen, with the eye closed, it is clear from the sunken condition of the eyelids that they have lost the accustomed support of a normal eyeball behind. In most cases it is hopeless to delay excision; in one case out of five treated here the eye was saved till the twenty-seventh day, but then had to be removed as it was still inflamed, and was setting up irritation of the other eye. Sympathetic ophthalmia developed in this case in spite of the excision. The eye was, however, ultimately saved with good vision.

(*b*) Punctured wounds of the cornea. In these cases the ciliary body, as a rule, escapes uninjured, and it is safe to wait events, since there is very little danger of sympathetic ophthalmia in the other eye. If the perforation is deep, however, the iris or vitreous will probably have been infected, and the eye remains inflamed, more and more fibrin and pus being thrown out into the interior of the eye, till vision is lost, or reduced to a very small quantity. Excision is then necessary to relieve the patient from constant pain. Four such cases treated here ultimately required excision, while two were not infected, and the eye was in consequence saved. Of these two one had no vision in the eye, because the whole pupillary margin of the iris became adherent to the corneal wound, thus closing the pupil; in the other the lens was wounded, and subsequently became opaque, and further operation is now necessary to remove this opaque lens.

(*c*) Incised wounds of the cornea. Two such cases came under

treatment, in both of which the iris was stuck in the wound. The first necessity was to free the adherent iris, by a large iridectomy, so that no band of iris tissue might be left included in the wound, to irritate the ciliary body by traction, and to serve as a possible road for the entrance of micro-organisms to the interior of the eye. In one of the two cases the lens was broken up by the injury, and had to be evacuated. Both cases healed well, the eyes having useful vision.

(*d*) Scleral wounds are favourable if the wound is behind the ciliary region, if there is no foreign body, and if there is no great loss of vitreous. Diagnosis often depends largely on the diminished tension of the eyeball, but the wound can sometimes be observed either directly or by the ophthalmoscope. Two punctured wounds of the sclera, and one scleral rupture were cured, while one punctured wound, in which a piece of glass remained some hours, turned out to be infected; the eye continued inflamed till excision was performed some weeks later.

The Clubs.

STUDENTS' UNION COUNCIL.

A meeting of the Council was held in Mr. Favell's room in the College on Friday, April 14th, at 4.30 p.m., the President (Dr. Herringham) in the chair. There were also present:—Messrs. Harmer, Burra, Davis, Favell, Griffin, Horner, Hoskyn, Loughborough, Marshall, and Trevor Davies.

A communication from the Publication Committee was read, and the resolutions therein, concerning the management of the JOURNAL and the constitution of the Publication Committee, were considered and approved of. Certain other business was discussed.

THE CRICKET CLUB.

The season of 1905 will open with prospects of a fair batting side under the captaincy of G. F. Page, who has been such an energetic secretary for the past two years.

As in former years we have to depend on him to do all the fast bowling, and to deplore the absence of good changes. If any member of the Hospital should know of a good right-hand slow and a left-hand fast bowler we hope that he will induce both these valuable acquisitions to come to the Hospital forthwith.

J. F. Gaskell will be our only slow bowler, and he is at his best on a fast wicket.

Our batting prospects are a little brighter. H. N. Burroughes will be a valuable addition to the team, and returns after a three years' absence.

From G. Viner, who showed such promising form last year, we expect equally good results.

P. R. Parkinson, who was prevented from playing regularly last season, is also coming back to the eleven.

We are still in need of a regular wicket keeper, but hope that this summer will supply a long-felt want.

The secretaries will be glad to hear of any Freshmen who intend to play cricket this season. There will be a trial game at Winchmore Hill in the first week of May, and nets will be up on the ground every afternoon for practice.

A good fixture list has been arranged for the coming season, and it is hoped that those interested in the game will take it up keenly and endeavour to bring the Hospital Cup to Bart.'s, an almost unknown resting place.

FIXTURES.

Date.	Opponents.	Ground.
Wed., May 3	Trial Game	Winchmore Hill.
Sat., ,, 6	Wanderers	Winchmore Hill.
Wed., ,, 10	Norwood	Winchmore Hill.
Sat., ,, 13	Virginia Water	Virginia Water.
Sat., ,, 20	Addlestone	Addlestone.
Sat., ,, 27	Southgate	Southgate.
Wed., ,, 31	Enfield	Winchmore Hill.
Sat., June 3	M.C.C.	Winchmore Hill.
Wed., ,, 7	Past *v.* Present	Winchmore Hill.
Sat., ,, 10	East Molesey	East Molesey.
Sat., ,, 17	R.I.E.C.	Cooper's Hill.
Sat., ,, 24	Mayfield	Mayfield.
Sat., July 1	Dunstable Grammer School	Dunstable.
Sat., ,, 8	London County C.C.	Crystal Palace.
Sat., ,, 15	Croydon	Winchmore Hill.
Sat., ,, 22	Gravesend	Gravesend.

SWIMMING CLUB.

PROSPECTS FOR THE SEASON.

The outlook for the coming season is favourable, though, in losing our half-back J. G. Watkins, we have lost the best and hardest-working man in the team.

R. C. P. McDonagh being also out of his year we have lost a back whose steadiness could always be relied upon in a crisis. The way he captained the team last year left nothing to be desired, and before the end of the season they were a model of keenness and punctuality.

Lastly, we have lost H. M. Hanschell, a goal whose place will be hard to fill, and whose splendid defence in some of the Inter-hospital water polo matches is fresh in the minds of his contemporaries.

Thus we have three vacant places in our team. We are very pleased to welcome S. Dixon as a valuable addition this year; his forward play has plenty of dash and pace. In Follett we have another most useful player, and with these two the loss of Watkins and McDonagh will be less felt.

Of last season's men Trewby and Trapnell are both very sound forwards, and the latter should prove considerably faster than last year. The former though a good tackler is apt to be erratic in shooting. Ryland lacks pace and is rather slow on the ball, but the latter fault practice will cure.

The place of goal is a hard one to fill adequately, and at present there is no one who seems specially suited for it.

It is hoped any Freshmen who are keen swimmers or play water polo will come down and join in the practice games. Any further information can be obtained from the captain, C. F. O. White, or the honorary secretary, F. C. Trapnell.

Our headquarters this season are the Holborn Baths, and tickets (price 4*d*. each) can be obtained from the above gentlemen.

ATHLETIC CLUB.

The success of the "Sports" at Winchmore Hill last year will stimulate the Committee to do all in its power to make the event even more successful this year. The date has been fixed provisionally for June 14th. It is to be hoped that there will be a large number of entries, and that men will take the trouble to get fit for their special events. The holding of relay races, tug-of-war and sack races should lend an additional interest for men who do not take athletics seriously. The Committee is fortunate in being able to call upon the services of all of its representatives in the Inter-Hospital Sports last year, and we are glad to hear that some Freshmen have come up who will cause keen competition for the places in the team.

LAWN TENNIS CLUB.

The tennis courts have attained a popularity and success which, it is to be regretted, has not been vouchsafed to the Hospital VI in so far as the results of their matches for last season were concerned. But in other fields individual members have been more successful. Messrs. Slade and Riviere have both been elected to the Junior Staff, whose gain will be the Club's loss, as they will no longer be able to turn out regularly for the Hospital as heretofore.

The outlook for the present season promises to be somewhat better than that of last year, as at least four of last year's team will be able to play regularly, and several Freshmen have entered who should prove of use.

In order that no promising player shall escape notice, as hitherto may have been the case, it is proposed that a Committee of the Tennis Club be formed, consisting of the officers of the Club and one representative from the first, second, and third years.

The officers for the year are—

President.—W. D. Harmer, Esq., F.R.C.S.

Vice-Presidents.—T. G. Slade, B. B. Riviere.

Captain.—P. Black.

Secretary.—F. J. Gordon.

RIFLE CLUB.

The prospects for the present season are not very bright, since the team will lack the services of J. Morris, S. H. Andrews, and E. A. Dingle.

However, it is hoped that Freshmen and others who are keen on shooting will join the club and practice as often as possible.

The captain is H. B. Owen, and the secretary A. J. Kendrew from whom any information may be obtained.

Extract from Dr. Pepys's Diary.

DR. CROONE* told me that at the meeting at Gresham College to-night (which it seems they now have every Wednesday again) there was a pretty experiment of the blood of one dog let out (till he died) into the body of another on one side, while all his own run out on the other side. The first died upon the place, and the other very well and likely to do well. This did give occasion to many pretty wishes, such as the blood of a Quaker to be let into an archbishop, and such like; but, as Dr. Croone says, may, if it takes, be of mighty use to man's health for the amending of bad blood by borrowing from a better body.

14th November, 1666.

This morning I met with Mr. Hooke, and he tells me the dog which was filled with another dog's blood at the College the other day is very well, and like to be so as ever, and doubts not its being found of great use to men; and so Dr. Whistler who dined with us at the tavern.

16th November, 1666.

* William Croone, of Emmanuel College, Cambridge, chosen Rhetoric Professor at Gresham College, 1659; F.R.S. and M.D. Ob. 1664.

Anxious mother (with daughter on second visit).—I didn't know as it was so serious, doctor!

Out-patient physician.—But what makes you think it is serious?

Anxious mother.—You've put *early grave* on the paper, doctor!!

It was a case of incipient exopthalmic goitre.

The Bacterial Balance.*

When the May and the June baby had got well acquainted, they exchanged confidences.

"My milk comes from a certified cow," said the May baby.

"So does mine," said the June baby.

"It is milked by a man in a white suit, with sterilised hands, through absorbent cotton, and kept at a temperature of forty-five degrees."

"So is mine."

"It is brought to me in a prophylactic wagon drawn by a modified horse."

"So is mine."

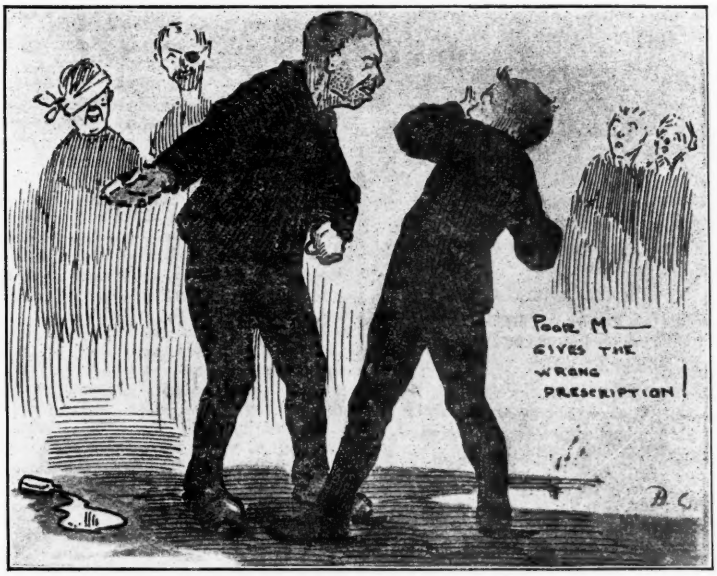
"Then how in thunder do you manage to be so fat and well?"

The June baby winked slyly.

"I chew old paper and the corners of rugs and anything I can find that is dirty, and in that way I manage to maintain the bacterial balance which is essential to health," he said, chuckling.

The May baby laughed long and loud.

"So do I," said he.



Life's Little Worries on the District.

How to Defeat an Examiner.

By a Student.

"EXAMINERS are but human." Some students, however, enter for examinations with the idea deeply rooted in them that the good man who asks such abstruse questions is a sort of demigod, deciding the fate of hundreds by a mere scratch of his pen. This is quite a mistake. Examiners are very human, and should be treated as such.

For example, think of a dear old gentleman with white

* We make no apology for reproducing this story at third hand, but express our indebtedness to the *Medical Standard* and the *British Journal of Nursing*.—Editor.

whiskers and mouse-coloured trousers, who plays Patience in the evenings, and pretends to play golf on fine afternoons. He is periodically rather bored by having to read through piles of uninteresting manuscript, but at other times is humorous, jolly, and most sweet tempered. This is the much-dreaded examiner. Human? Most certainly! and as easily defeated as any other old gentleman. Hence candidates should take heart, and approach their examinations with a becoming spirit of levity.

The chief qualification for passing an examination is bounce. It cannot be denied that a substratum of accurate knowledge is useful at times, but bounce and the faculty for self-assertion are of paramount importance. Let me give an instance. You have been asked a question about which you know nothing. After a few well-chosen anecdotes you will turn to the matter of the question, and introduce such phrases as "it is rather doubtful," "it has been variously stated," or "authorities differ." The examiner reads this, differs from you, immediately and most erroneously considers himself an authority, is therefore delighted, and gives you full marks. Or, again, on one of the questions in the paper you are, if possible, more uninformed than on any of the others. You will leave this question until last, and then write it very hurriedly and badly. The examiner, being human, will at once jump to the conclusion that you were pressed for time, and will make allowances.

Should you consider any of the questions unfair, or outside the range of the syllabus, it is always best to tell the examiner so—it will keep him to the straight way in future. He is sure to appreciate your disinterestedness in calling attention to his shortcomings.

"Padding" is a most valuable adjuvant to the candidate's answer, especially in cases where the examiner marks in accordance with the number of pages written. At all times, however, it is useful, and serves to ease the mind of the examiner, tired by too long concentration on mere exact science. Good padding always contains plenty of spicy anecdotes, short stories, local allusions, and trifles of that kind. You are asked a question about cantharides, for example. You know practically nothing about the drug, but by a lucky chance happen to remember that, to stimulate the growth of hair, your Uncle Joseph rubbed cantharides into his bald head with such perseverance that he died of acute nephritis. You will tell this to the examiner, giving a short description of Uncle Joseph, his habits, and his language. The examiner reads it with enthusiasm, and gives you full marks.

The outward appearance of an answer is everything. For this reason, when entering for an examination I provide myself with variously coloured inks, chalks, and a small water-colour paint-box in addition to the usually recognised impedimenta of an examination candidate—pencil, india rubber, spirit level, pocket theodolite, etc. All capital letters must be written in red, violet, or green ink, and the name of any well-known man of science whom you may have occasion to mention should be profusely illuminated. All this will please the examiner.

Should you happen to be skilled in the art of caricaturing, your answer may be illustrated by sketches of fellow-students at work, or even by portraits of the examiner himself. I have spoken to some of my fellow-students who have acquired the art of drawing, and one and all assure me that their success in examinations depends entirely on the animated sketches accompanying their answers. Personally I have perforce to be content with the mere illumination of the more important words.

Always remember that you have paid down much good money for the privilege of having a thoroughly good time with the examiner; and never forget that it is an Englishman's birthright to muddle through things, and that examiners are, as one of them has assured us, human.

A. T. N.

Correspondence.

To the Editor of the St. Bartholomew's Hospital Journal.

SIR,—As one who, at a now remote period, saw much of the Abernethian Society and for some years worked in its ranks, I venture to say a word or two on the questions which are at present under discussion in your JOURNAL in regard to the principles on which the Society should be conducted. As I remember it in the sixties the Abernethian was almost exclusively a students' society. True, the introductory address was given by some member of the Staff, and it served two purposes. It showed that the Society was one to which the Staff desired to extend their fullest recognition and support; and it afforded an occasion on which someone, speaking from full personal experience, and at the same time with the authority of a senior, could explain to new comers the purposes which the Society was intended to serve.

But at the ordinary meetings no one above the standing of a house surgeon was present, except on quite rare occasions. Generally one of the house surgeons was President, and in the eyes of the rank and file the house surgeons were Archbishops and Lord Chancellors. They conferred much dignity and stability on the Society. When a house surgeon related a case from the wards, and reported what he and Sir William Lawrence or Mr. Paget had done, and when the case was discussed by the other house surgeons, the first year's men, as I well remember, seemed to catch a glimpse of a glorious arena in which they hoped themselves later on to play a part. These discussions were revelations as to what the future had in store for them.

The set papers were contributed by clinical clerks or dressers, or by embryo physiologists or pathologists. Their freshness and bold flights towards the unknown were such as Müller and Virchow might well have envied, and they were discussed with great ingenuity and dash by those who had studied the subject and carefully prepared their remarks; for, if a man was to read a paper before a room full of critics and fighting men, especially as a house surgeon would be in the chair and perhaps one or two in the audience (this was before the days of house physicians), he was impelled to choose for his subject one which he had thought a good deal about, to collect and arrange his facts carefully and even laboriously, and to write his best English. The discussions afforded an opportunity for the practice of public speaking. They trained men in respect to boldness, readiness, and self-possession—faculties that required cultivation, so that should they tend to become exuberant they could be pruned, or when they were tender plants nurtured and brought forward. I used to feel that every one who either read a paper or joined in a discussion became thereby both a wiser and a better man.

The work went so well that Sir William Savory used to say he would rather attend a meeting of the Abernethian than of any other learned society in London. I always remember those days with unalloyed satisfaction, and feel that the Abernethian is one of the most useful parts of a man's training at the Hospital. The discussions followed by tea and muffins did more than anything else to promote intercourse and *esprit de corps*. When men met each other as the heat of battle was just cooling down, and when each remembered the points he had made and how, although his opponent had done well, he, at least in his own opinion, had done still better, and when juniors, whose part as yet was merely that of listeners, could stand side by side with the combatants and even ask them questions, a feeling of true comradeship was established. These evenings gave everyone concerned a good start as a future true St. Bartholomew's man.

I think all this is what the Abernethian should be. All this is, in fact, its *raison d'être*. The students should be, in the main, left to themselves to initiate and conduct their own debates, as is the case, for example, at the Union at Cambridge. As to incursions from

without, the Introductory and the Mid-Sessional addresses are quite good, but the ordinary meetings should not be converted into what they seem to have lately become, occasions for clinical lectures which, however admirable and valuable in themselves, are, in my opinion, out of place in a students' debating society.

Yours faithfully,
HOWARD MARSH.

March, 1905.

PAST *v.* PRESENT CRICKET MATCH.

To the Editor of the St. Bartholomew's Hospital Journal.

DEAR SIR,—The Past *v.* Present cricket match is fixed for Wednesday, June 7th. I should be very glad if all those old Bart.'s men who wish to play would send me their names as soon as possible.

Yours faithfully,
H. EDMUND G. BOYLE.

RESIDENT STAFF QUARTERS,
ST. BARTHOLOMEW'S HOSPITAL.

Reviews.

THE BOOK OF PRESCRIPTIONS (BEASLEY). Eighth edition. Re-written by E. W. LUCAS, F.I.C., F.C.S., with an introduction by ARTHUR LATHAM, M.A., M.D., F.R.C.P. (London: J. & A. Churchill.) Price 5*s.* net.

This is a small and handy volume containing a great deal of information and many valuable prescriptions. All the more important drugs are arranged in alphabetical order, and under each are short notes on their pharmacology, therapeutics, and posology, and several prescriptions illustrating their use, the doses in every case being given according to both the imperial and the metric systems.

The index of diseases and remedies at the end of the book is a little suggestive of the Drug Manufacturer's Diary, and is hardly in keeping with the high tone of the rest of the contents.

The *Book of Prescriptions* should be of value to medical students as a connecting link between the standard works on pharmacology and materia medica and those on medical treatment.

THE OPEN-AIR TREATMENT OF PULMONARY TUBERCULOSIS. By F. W. BURTON-FANNING, M.D.Cantab., Physician to the Norfolk and Norwich Hospital. Pp. 176. Price 5*s.* (London: Cassell and Co.)

This is the second of what promises to be an excellent series of books upon modern methods of treatment by Messrs. Cassell and Co., and the present subject could not have been entrusted to better hands than those of Dr. Burton-Fanning, whose experience at the Mundesley and Kelling Sanatoria has been very wide. The book is carefully arranged. After a lucid account of the disputed points in connection with the etiology of pulmonary tuberculosis, the author gives two short chapters on some of the clinical aspects of the disease, and then proceeds to the selection of cases for treatment, which constitutes one of the most important sections in the book, emphasising, as it does, the great importance of early diagnosis. The routine treatment in the various stages of the disease is described in its simplest form, and it is upon the simplicity that the author lays so much stress. In the last chapter he shows how the treatment can be efficiently carried out at home provided that the open air, methodical rest, and the proper use of exercise and food can be guaranteed for the patient, and that the treatment can be continued for a sufficient length of time. Naturally, we turn to the chapter upon the results of sanatorium treatment, and we are glad to find that the author has "no intention of describing the achievements of the open-air method in too glowing terms." "*Absolute cure*," he quotes, "like happiness, can be predicated of a man only when he is dead." His classification of results is thoroughly definite and rational, and his statistics agree with those usually accepted, both as regards selected and other cases.

There are many other interesting points in the book, such as the educational value of the treatment and the subsequent care of patients, with especial reference to a scheme for obtaining suitable employment for the poorer patients after their discharge.

We recommend the book very strongly both to the practitioner and the student.

SHIP SURGEON'S POCKET-BOOK AND MEDICAL OFFICER'S LOG. By W. E. DAWSON. Fcap., 8vo. Price 2*s.* 6*d.* net. (Baillière, Tindall, and Cox.)

In our opinion, this will not prove a very useful book to a medical officer taking charge of a ship for the first time. Its arrangement is particularly unpleasing. The author is misleading when he says ether *descends* and chloroform *ascends* during administration. The most useful parts of the book are the blank pages at the end for the medical officer's log.

THE PRINCIPLES AND PRACTICE OF ASEPSIS. By A. S. VALLACK, M.B., Ch.M.(Sydney), etc., Surgeon to the Berrima District Hospital, New South Wales. Fcap., 8vo., pp. 95. Price 2*s.* 6*d.* net. (Baillière, Tindall, and Cox, London.)

An exceedingly useful little book, thoroughly concise and up-to-date, but we cannot help saying that most of it has already appeared in Mr. Lockwood's excellent book, to which the author makes little reference. True, he adds some new points, and lays emphasis on the importance of conserving tissue resistance. He introduces a new method of sterilising catgut, which appears to be more satisfactory than most of the other methods. The section on the sterilisation of sponges is weak.

MANUAL OF HYGIENE FOR STUDENTS AND NURSES. By JOHN GLAISTER, M.D., D.P.H.Cantab., etc. 2nd Edition, revised. Pp. 403. Price 6*s.* net. (Messrs. E. and S. Livingstone, Edinburgh.)

There can be no doubt that this book has proved a very useful introduction to the important subjects of hygiene and preventive medicine. We think, however, that it might be made much more concise in future editions.

Such chapters as those on sleep and hypnotism, exercise and rest may be interesting to the layman, but are too elementary to be of much service to students or nurses: otherwise the book is well got up, and the illustrations are good.

SURGICAL CASE-BOOK CHARTS FOR DISEASES OF THE RECTUM. By CECIL M. HEATH, M.A., M.B.Cantab., F.R.C.S. Price 1*s.* 6*d.*

On Mr. Heath's caricatures of the rectum and its surroundings it is possible to indicate the position and relations of most diseases to which this important region is liable.

R.A.M.C. Notes.

Major O. R. A JULIEN, C.M.G., and Capt. A. H. MORRIS, both stationed at Chatham, have obtained Diplomas of Public Health.

* * *

On arrival in India the following are posted as under:—Major H. W. Austin to Quetta; Major J. B. Anderson to Meerut; Capt. C. H. Hopkins to Bombay; Lieut. G. E. Cathcart to Rawal Pindi; Lieut. A. A. Meaden to Mhow.

* * *

Lt.-Col. J. R. Dodd, F.R.C.S., is in charge of the Military Hospital at Mhow; Lt.-Col. H. G. Hathaway of that at Poona; Lt.-Col. F. H. Treherne at Nowshera; and Major H. B. Mathias, D.S.O., at Campbellpore. Lieut. F. A. H. Clarke is Staff Surgeon at Chohrata; Lieut. A. H. Hayes is stationed at Peshawur, and Lieut. R. Storrs at Ambala. Lt.-Col. F. P. Nichols is in Barbados, and Major F. M. Mangin in Jamaica.

* * *

Lt.-Col. G. H. Sylvester is in charge of the Surgical Division, Royal Victoria Hospital, Netley; Lt.-Col. J. G. Harwood of the Military Hospital at Portsmouth; Major J. Girvin of Wellington Barracks, London; and Lieut. H. C. Sidgwick of Ewshott Camp.

* * *

Major J. R. FORREST is promoted Lt.-Col.

* * *

Capt. M. H. G. FELL is going through the promotion cause at the R.A.M. College.

* * *

Lt.-Cols. A. H. Burton and W. J. Baker, Major F. W. Begbie, and Capt. E. E. Ellery are returning home tour-expired.

Naval Medical Service.

We have received the following notes concerning the recent promotions and appointments of the Bartholomew's men in the Royal Navy, and we propose to publish similar notes from month to month.

* * *

Sir HENRY NORBURY, K.C.B, has retired from the post of Medical Director-General of the Royal Navy, a position which he has held for the last eight years.

* * *

The following officers are on the retired list:—Deputy Inspector-General H. A. Close; Staff Surgeon J. L. Bagnall-Oakley; Surgeons C. Alsop and H. B. Guppy; Fleet Surgeons D. McIver, A. T. Corrie, J. S. Lambert.

* * *

The following are the present appointments of those still serving on the active list:

FLEET SURGEONS.—H. X. Browne to the Devonport Dockyard; A. S. Nance to H.M.S. "Isis" (*North America and West Indies*); A. M. Page to H.M.S. "Suffolk" (*Mediterranean*); W. Spry to H.M.S. "Boscawen" (*Portland*); C. Strickland to H.M.S. "Aboukir" (*Mediterranean*).

STAFF SURGEONS.—H. Clift to H.M.S. "Venus" (*Mediterranean*); F. J. Dalton to H.M.S. "Gibraltar" (*North America and West Indies*); R. C. Munday to H.M.S. "Sutlej" (*China*); J. H. Pead to H.M.S. "Charybdis" (*on passage home*).

SURGEONS.—H. C. Adams to Haslar Hospital; C. H. Arathoon to H.M.S. "Egmont" (*Malta Dockyard*); L. A. Baiss to H.M.S. "Barham" (*Home Fisheries*); J. Boyan to the Cape Hospital; W. J. Codrington to H.M.S. "Isis" (*North America and West Indies*); E. Folliott to H.M.S. "Imogene" and H. A. Kellond-Knight to H.M.S. "London" (*Mediterranean*); B. Ley to H.M.S. "Ocean" (*China*); L. Morris to H.M.S. "Mars" (*Atlantic Fleet*); L. Murphy to H.M.S. "Harrier" (*Scottish Fisheries*); F. H. Nimmo to H.M.S. "Indefatigable" (*Portsmouth*); J. O'Hea to H.M.S. "Excellent" (*Portsmouth Gunnery School*); H. W. Shewell to H.M.S. "Vivid" (*Devonport*); A. R. Skey to Marine Depôt, Walmer; A. Woolcombe to H.M.S. "Pandora" (?); W. P. Yetts to H.M.S. "Challenger" (*Australia*).

* * *

The following officers are at home upon half-pay awaiting appointments:—Staff Surgeon H. Spicer and Surgeon N. H. Harris.

* * *

The following are on foreign service leave:—Fleet Surgeon H. W. Burke; Surgeons W. H. Pope and S. Roach, who has just returned from Bermuda Hospital.

* * *

The three officers who were successful at the last examination for admission have just passed out of Haslar successfully, namely, Surgeons K. D. Bell, H. B. Hill, and P. M. Rivaz.

Indian Medical Service.

The following Bartholomew's men are at home on leave at the present time:—Lt.-Col. W. A. Sykes; Captains R. F. Baird, H. Boulton, W. H. Cazaly, W. Selby, D.S.O.; and Lieut. A. E. J. Lister.

* * *

Lt.-Col. C. M. E. MCKEE, 83rd W. L. Infantry, has been granted leave pending retirement.

* * *

Capt. W. G. RICHARDS is granted eight months sick leave.

* * *

Major C. E. WILLIAMS has been permitted to return to India.

* * *

Major B. C. OLDHAM received charge of Cuttack Goal on March 6th.

* * *

It is understood that Lt.-Col. LUKIS will be appointed Principal of the Medical College, Calcutta.

* * *

Major J. G. HULBERT has been transferred to Shahjahanpore.

* * *

Capt. A. W. R. COCHRANE on return from leave is posted to Chittagong, and has charge of the gaol.

Appointments.

BURSTAL, E., M.B., B.Ch.(Oxon.), appointed House Surgeon to the West London Hospital.

ELLIS, E. S., M.R.C.S., L.R.C.P., appointed House Surgeon at the East London Hospital for Children, Shadwell.

LOVEDAY, G. E., M.B., B.C.(Cant.), appointed Surgeon to the s.s. "Glaucus."

MORRIS, J., M.R.C.S, L.R.C.P., appointed Junior Resident Medical Officer at the Seamen's Hospital, Greenwich.

PARKER, H. F., M.D.(Cant.), M.R.C.S., L.R.C.P., appointed Hon. Assistant Medical Officer to the Royal Surrey County Hospital, Guildford.

POWER, D'ARCY, M.A., M.B.(Oxon.), F.R.C.S., appointed Surgeon to the Bolingbroke Hospital.

TAYLOR, MARK R., M.R.C.S., L.R.C.P., appointed Admiralty Surgeon and Agent at Porthleven and Gunwalton; also Honorary Surgeon to the Truro Diocesan Home for Waifs and Strays.

New Addresses.

ATKINSON, S. B., 4, Ewing Street, Bow, E.
BLAGDEN, JOHN J., 10, Nicholas Street, Chester.
CALVERLEY, JOSEPH E. G, C.M.G., 21, Earls Avenue, Folkestone.
GARDNER-MEDWIN, F. M., 22, High Street, Wavertree, Liverpool.
GROVES, E. W. H., 16, Richmond Hill, Clifton.
MATTHEWS, E. A. C., 10th Lancers, Cawnpore, India.
SHELDON, A. W. S., Honolulu.
WALTON, H. J., care of Messrs. H. S. King & Co., Pall Mall, S.W.

Birth.

RUST.—On February 25th, at 30, St. Mary's Road, Higher Crumpsall, Manchester, the wife of John Rust, M.R.C.S., L.R.C.P., of a daughter.

Acknowledgments.

Middlesex Hospital Journal; The Broadway; The Practitioner; London Hospital Gazette; Guy's Hospital Gazette; Climate; The British Journal of Nursing; The Hospital; The Health Resort; Le Mois Medico-Chirurgical; L'Echo Medical du Nord; Giornale della reale Società Italiana d'Igiene.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, *St. Bartholomew's Hospital, Smithfield, E.C.*

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